

ELECTRICAL INSPECTION

Date: _____

Facility Name: _____

Inspector's Name: _____

Address: _____

Inspector's Agency: _____

Phone Number: _____

Inspector's License No.: _____

Phone Number: _____

Inspector's Signature: _____

Power Panel:

Cover in place and closed: ☐ Yes ☐ No

Main Breaker rating in amps: _____

Current measured into main breaker* L1 _____

L2 _____ N _____

Voltage at main breaker* L1/L2 _____

Heat detected on any feeder breaker* ☐ Yes ☐ No

Note: If yes, list load fed, measured current, and breaker size below.

Check tightness of ground wire at ground rod and inside panel. Verify continuity of this wire.

Check tightness of all lugs and breaker screws.

** With HVAC unit running and kitchen oven on. Depending on season, adjust thermostat to insure running.*

Receptacles:

Covers in place	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Covers or receptacle broken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No more than 2 items plugged into a duplex receptacle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wiring configuration correct <i>Test Device</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Junction Boxes

Securely Mounted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Covers in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any wire exposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ground Fault Circuits:

All bathroom receptacles must be on GFI circuit.

All Kitchen receptacles within 6 ft. of the sink must be on GFI circuit

All outside receptacles must be on GFI circuit.

Test Device

Test Device

Test Device

Extension Cords:

Extension cords must not be under carpet or rugs. ☐ Yes ☐ No

Extension cords are not intended to be used permanently. If permanent use is intended, an additional receptacle must be installed.

Lighting:

Any wiring exposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lights Flickering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Light fixtures discolored from excessive heat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Light fixture securely attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Water Heater:

If electrical, check connection at heater. Verify tightness of L1, L2, and Ground connections.

Comments:

List any unsafe conditions, code violations, or items for correction on back of form.